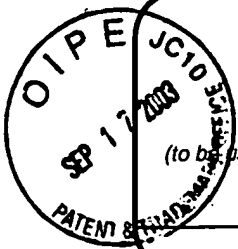


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HDF/SB/21 based on PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

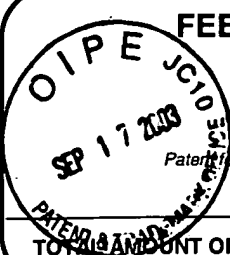
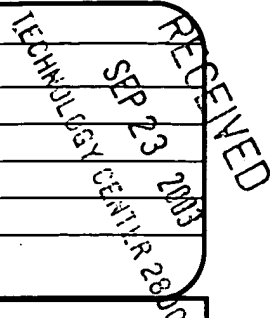
Applicati n Number	09/989,940
Filing Date	November 21, 2001
First Nam d Invent r	Vladimir PAVLOVIC
Group Art Unit	2838
Examiner Name	Lawrence Luk
Attorney Docket Number	23390-000103/US

ENCLOSURES (check all that apply)

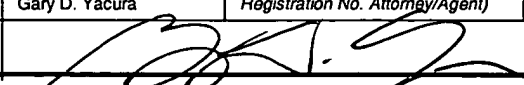
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and () Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="float: right; text-align: center;"> RECEIVED SEP 23 2003 TECHNOLOGY CENTER 2800 </div>		
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Gary D. Yacura	Reg. No. 35,416
Signature			
Date	September 17, 2003		

<div style="float: left; width: 150px; text-align: center;">  </div> <div style="float: right; width: 250px;"> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> </div> <div style="clear: both;"></div>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/989,940</td></tr> <tr><td>Filing Date</td><td>November 21, 2001</td></tr> <tr><td>Inventor(s)</td><td>Vladimir PAVLOVIC</td></tr> <tr><td>Examiner Name</td><td>Lawrence Luk</td></tr> <tr><td>Group / Art Unit</td><td>2838</td></tr> <tr><td>Attorney Docket No.</td><td>23390-000103/US</td></tr> </table>		Application Number	09/989,940	Filing Date	November 21, 2001	Inventor(s)	Vladimir PAVLOVIC	Examiner Name	Lawrence Luk	Group / Art Unit	2838	Attorney Docket No.	23390-000103/US
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<p>TOTAL AMOUNT OF PAYMENT (\$)</p> <p style="font-size: large; font-weight: bold;">252.00</p>		<div style="float: right; width: 150px; text-align: center;">  </div>													

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Deposit Account Number: 08-0750</p> <p>Deposit Account Name: Harness, Dickey & Pierce, P.L.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="font-size: small;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p>				<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																																																																																														
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EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>16</td> <td>-20 **</td> <td>=</td> <td>Extra Claims</td> <td>0</td> <td>X</td> <td>Fee from below</td> <td>18</td> <td>=</td> <td>Fee Paid</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3 **</td> <td>=</td> <td>3</td> <td>X</td> <td>84</td> <td>=</td> <td>252</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> <tr> <td colspan="5"></td> <td style="font-size: large; font-weight: bold;">252</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p>				Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	750	201	375	Utility filing fee		106	330	206	165	Design filing fee		107	520	207	260	Plant filing fee		108	750	208	375	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$)						0	Total Claims	16	-20 **	=	Extra Claims	0	X	Fee from below	18	=	Fee Paid	0	Independent Claims	6	-3 **	=	3	X	84	=	252			Multiple Dependent					X		=				Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)						252
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110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																																																														
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<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	Gary D. Yacura	Registration No. Attorney/Agent	35,416	Telephone	703-668-8000
Signature				Date	September 17, 2003

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